DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Nun	nber		
		First Named Invento	r		
		COMPLI	COMPLETE IF KNOWN		
		Application Number	1		
Declaration Submitted with Initial	Declaration	Filing Date			
	OR Submitted after Initi	al Art Unit			
Filing	(37 CFR 1.16 (e)) required)	Examiner Name			

-										
As the below named inventor, I hereby declare that:										
My residence, mailing address, and ci	tizenship are as stated belo	ow next to my name.								
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
OTTO REGNER 5491 WINCHESTER										
TROY, MI 48085										
USA CITIZEN										
	(Title of the I	nvention)								
the specification of which										
X is attached hereto										
OR										
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number	and was amend	ed on (MM/DD/YYYY)		(if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
Additional foreign application nu	mbers are listed on a supple	emental priority data she	et PTO/SB/02B attacl	ned hereto:						

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

	Customer Number	or						
Direct all correspondence to:	or Bar Code Labo	1		OR Com	espondence address below			
Name	OTTO REGNER							
Address 5491 WINCHESTER								
Address	Jayi Hanoma	TÜK						
City	TROY		State	MI	ZIP 48085			
Country	USA Tel	ephone 248-	-828-	9688	Fax 248-828-1734			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIF	RST INVENTOR :	A petition h	nas bee	n filed for this unsign	ned inventor			
Given Name (first and middle [if any])	ОТТО		Family or Sur	/ Name name REGNEI	R			
Inventor's Signature /// / Socretion   Date 12-20-2001								
00			71		12 20 200,			
Residence: City TROY		State MI		Country OAKLAND	Citizenship USA			
Mailing Address 5491 WINCHESTER								
City TROY		State MI		ZIP 48085	Country USA			
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])  Family Name or Suprame								
Inventor's Signature					Date			
Residence: City		State		Country	Citizenship			
				/	, one of the state			
Mailing Address								
City		State	i	ZIP /	Country			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								